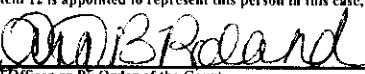


1. CIR./DIST./DIV. CODE MAX	2. PERSON REPRESENTED Vasseur-Ortiz, Gerardo			VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER 1:04-001685-014		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. v. Vasseur-Ortiz		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS WELSH SR., RICHARD M. 80 WORCESTER ST. SUITE 5 NO. GRAFTON MA 01536 Telephone Number: (508) 839-7713			13. COURT ORDER <input checked="" type="checkbox"/> A Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 05/14/2004 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)			15. CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY				
CATEGORIES (Attach itemization of services with dates)			16. HOURS CLAIMED	17. TOTAL AMOUNT CLAIMED	18. MATH/TECH ADJUSTED HOURS	19. MATH/TECH ADJUSTED AMOUNT	20. ADDITIONAL REVIEW
In Court	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other (Specify on additional sheets)						
(Rate per hour = \$) TOTALS:							
Out of Court	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and Other work (Specify on additional sheets)						
(Rate per hour = \$) TOTALS:							
17. Travel Expenses (lodging, parking, meals, mileage, etc.)							
18. Other Expenses (other than expert, transcripts, etc.)							
GRAND TOTALS CLAIMED AND ADJUSTED:							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION		
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____							
APPROVED FOR PAYMENT - COURT USE ONLY							
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE		